



MEDICATION POLICY

Any prescription medication to be given at Kids Come 1st should be sent in the original prescription bottle as it came from the pharmacy with the label intact. **ONLY PRESCRIBED MEDICATION FROM A DOCTOR MAY BE ADMINISTERED.**

The medication should be accompanied by written authorization for Kids Come 1st staff to administer the medication. The authorization for the personnel must include the following information: NAME OF CHILD, NAME OF MEDICATION, AMOUNT TO BE GIVEN, TIME TO BE GIVEN, NUMBER OF DAYS AND/OR DOSES, and SIGNATURE OF PARENT/GUARDIAN.

MEDICATION RELEASE

Child's Name _____

Name of Medication _____

Amount to be given _____

Time(s) to be given (NOT AS NEEDED) _____

Number of Days/Doses _____

Parent/Guardian Signature _____

Date of Authorization _____

FOR STAFF TO COMPLETE

DATE	TIME	DOSAGE	INITIALS	DATE	TIME	DOSAGE	INITIALS

Staff Initials Key:			
=	=	=	=



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MEDICATION RELEASE

Child's Name _____

Name of Medication Diaper Cream

Amount to be given enough to cover area

Time(s) to be given (NOT AS NEEDED) Diaper Changes

Number of Days/Doses _____

Parent/Guardian Signature _____

Date of Authorization _____

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MEDICATION RELEASE

Child's Name _____

Name of Medication Diaper Wipes

Amount to be given enough to clean area

Time(s) to be given (NOT AS NEEDED) Diaper changes

Number of Days/Doses

Parent/Guardian Signature _____

Date of Authorization _____

FOR STAFF TO COMPLETE

DATE	TIME	DOSAGE	INITIALS	DATE	TIME	DOSAGE	INITIALS

Staff Initials Key:			
=	=	=	=